

DOCUMENT RESUME

ED 215 736

JC 820 209

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TITLE Costs of Programmatic Accreditation for Allied Health Education in the CAHEA [Committee on Allied Health Education and Accreditation] System: 1980. Executive Summary.
INSTITUTION American Medical Association, Chicago, IL. Dept. of Allied Health Education and Accreditation.
PUB DATE Feb 82
NOTE 23p.
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Accreditation (Institutions); *Accrediting Agencies; Agency Role; *Costs; *Fees; National Surveys; Research Problems; Unit Costs
IDENTIFIERS *Committee on Allied Health Educ and Accreditation

ABSTRACT

During 1981, the Committee on Allied Health Education and Accreditation (CAHEA) conducted a survey to determine the costs to institutions of the program accreditation process. A memorandum requesting program and institutional information and direct salary expenses was sent to 1,727 institutions sponsoring one or more CAHEA-accredited programs, and a separate request for information on activities and expenditures was sent to CAHEA review committees. Responses from 424 institutions (246 hospitals and 178 colleges and universities) revealed that the fees paid by institutions met an average of 83% of the review committee expenditures; that when costs of voluntary labor were added to actual expenditures, fees met 36% of accreditor costs; that institutions received 3.6 "service value dollars" for each fee dollar paid; that the cost of fees per pupil averaged \$13.81, while the accreditor cost per pupil, including voluntary labor, averaged \$49.88; and accreditor reimbursement per pupil was \$28.47. The study report includes discussions of the overall scope and role of CAHEA and its concerns with accreditation costs; a review of study methodology, findings, and limitations; and details about CAHEA's efforts to restrain the costs of the accreditation process by reducing the number of accreditation visits, teleconferencing, and extending the lengths of accreditation. Appended material provides information on CAHEA fees and policies and the survey instrument. (HB)

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COSTS OF PROGRAMMATIC ACCREDITATION
FOR ALLIED HEALTH EDUCATION IN THE CAHEA SYSTEM: 1980

-EXECUTIVE SUMMARY-

FEBRUARY 1982

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The author wishes to thank the many Directors of CAHEA-accredited education programs, and the Administrators in their sponsoring institutions, who participated in the survey of accreditation costs reported on in this paper.

Appreciation also is extended to review committee members and executive staff for their indispensable contributions.

Finally, the author must acknowledge the assistance of and contributions from his colleagues in the American Medical Association.

Readers are asked to note the important limitations stated on page 12 which apply to the data cited.

COSTS OF PROGRAMMATIC ACCREDITATION
FOR ALLIED HEALTH EDUCATION IN THE CAHEA SYSTEM: 1980
-EXECUTIVE SUMMARY-
INTRODUCTION

THE CAHEA SYSTEM

The Committee on Allied Health Education and Accreditation (CAHEA), sponsored by the American Medical Association (AMA) and staffed by the AMA Department of Allied Health Education and Accreditation (DAHEA), is a programmatic accrediting agency recognized by the US Department of Education (USDE) and the Council on Postsecondary Accreditation (COPA). In order to appreciate CAHEA's interest in and roles with respect to the costs of accreditation, it is appropriate to consider its overall scope and role.

The fourteen members of CAHEA include individuals who have broad interest and competence in the allied health professions and services. They include allied health professionals, educators, physicians, a hospital administrator, an allied health student or recent graduate, and public representatives.

CAHEA encompasses a broad range of review and evaluation activities of educational programs in allied health on behalf of the AMA and 42 collaborating organizations composed of allied health professional organizations and medical specialty societies. CAHEA formulates its accreditation decisions on the basis of recommendations received from 17 review committees that are sponsored by the collaborating organizations. It is the final deliberative body for the assessment of compliance with established minimum standards for education for many of the allied health professions.

In addition to its primary responsibility of program accreditation, CAHEA's other responsibilities include:

- working with review committees, collaborating organizations and other interested groups in developing, revising, and adopting policies and procedures that facilitate the accreditation process
- establishing and maintaining liaison with institutions that sponsor accredited programs and with related health and educational organizations to assure that CAHEA policies and procedures promote effective and efficient education
- establishing and maintaining relationships with allied health professional organizations and related medical specialty societies.

It is through cooperation within the CAHEA accreditation process that these allied health organizations, medical specialty societies, and review committees constitute the largest accrediting consortium in the United States:

- Over 1,700 universities, colleges, vocational-technical schools, hospitals and other institutions sponsor over 3,000 CAHEA-accredited programs.

- Approximately 35,000 students graduated from CAHEA-accredited programs in 1980.
- More than 1,700 allied health professionals, physicians, and others volunteered their services as participants in the accreditation process, including those performing on-site reviews of the qualifications of over 600 programs in 1980.

CAHEA accredits educational programs for 26 professions and occupations:

MEDICAL-CLINICAL
SUPPORT/ASSISTANCE

Assistant to the Primary Care Physician
Emergency Medical Technician-Paramedic
Medical Assistant
Medical Assistant in Pediatrics
Ophthalmic Medical Assistant
Perfusionist
Surgeon's Assistant
Surgical Technologist

CLINICAL LABORATORY
SERVICE

Cytotechnologist
Histologic Technician
Medical Laboratory Technician - AD*
Medical Laboratory Technician - C*
Medical Technologist
Specialist in Blood Bank Technology

MEDICAL RECORD
MANAGEMENT

Medical Record Administrator
Medical Record Technician

CLINICAL AND REHABIL-
ITATION SERVICES

Occupational Therapist
Physical Therapist
Respiratory Therapist
Respiratory Therapy Technician

TECHNOLOGICAL
SERVICES

Diagnostic Medical Sonographer
Electroencephalographic Technician
Electroencephalographic Technologist
Nuclear Medicine Technologist
Radiation Therapy Technologist
Radiographer

CAHEA has obligations to the public and to the communities of interest that are represented within the many allied health occupations and to institutional sponsors** for which it accredits programs to assure compliance of these programs with adopted standards.

*Associate Degree; *Certificate

**Institutional sponsors may be either academic institutions or hospitals, roughly equal in numbers as sponsors of CAHEA-accredited programs in 1980.

SYSTEM COST CONCERNS

CAHEA is funded by the AMA and does not charge fees. However, CAHEA has a number of significant obligations with respect to fees. These include: monitoring the costs of accreditation, helping to restrain those costs, and approving the accreditation fee structure and subsequent increases for those review committees that charge fees to institutional sponsors (see Exhibit 1, CAHEA FEE POLICY and attachments).^{*} Fee monies received by review committees are applied to the justified expenses of the program review process (see Exhibit 2, SCHEDULE OF ACCREDITATION FEES). Participants in the CAHEA-review committee system are keenly aware of the steadily climbing costs of activities necessary for program evaluation: meetings, air fare, lodging, mandated procedures and processes the self-study, and the on-site review.

Over time, a number of practices have been established to help hold down the costs of evaluation. Visiting team members do not receive honoraria, nor do members of CAHEA or review committees. Organizations that sponsor review committees usually make annual cash contributions to help support the activities of the committees. CAHEA staff provides liaison support to review committees at no cost to the committees. These are only a few of the means by which actual accreditation costs are kept at a fraction of their true fiscal value.

Nonetheless, CAHEA's appreciation of and concern for the costs of accreditation has prompted periodic, special review of these costs beyond the practices and measures cited. In 1979, CAHEA requested a special staff analysis of the costs of accreditation to identify cost factors and magnitudes, as well as problems to be resolved. In 1980, a report was presented to CAHEA which identified actual data needs for cost determinations, and subsequently lead to the present survey.

The 1980 report addressed an apparently unresolvable problem: determining applicable overhead rates for recent years in which self-studies were carried out. Without accounting for overhead, direct salary expenditures would result in artificially low estimates of the actual costs. To this were added other concerns of potential significance: to what degree might respondents inflate or deflate estimates of labor and dollars expended, or recall such expenditures with unacceptable inaccuracies or variations?

Beyond the recorded transaction of fees, it is very difficult to obtain accurate costs of accreditation. It is not unusual for administrators to overestimate the amount or cost of "extra" work, such as completing the self-study, that is imposed by outside needs. In the academic institutions, this is complicated by the fact that such costs are not usually programmed by line-item in budgets, and work direction may take a variety of informal means: "Do it within budget." "With a few extra hours, you can get it done." "Use as much of the earlier one as possible." "Use as much as you can from the Regional." And so forth.

^{*}Exhibits are appended.

Also, current budgeting practices in academic institutions tend not to generate specific overhead rates for programs. Thus, a program's direct cost is likely to be associated with an institution-wide overhead rate, or a school or division rate, or even by multiple and varying rates over a year. Even more complex factors hold for hospital sponsors.

These are illustrative of factors that suggest that reported "costs" for a "cost study" may not be as useful or accurate as desired.

Another important aspect of seeking cost information is that of identifying kinds of costs. For those institutions seeking accreditation of their programs there are external costs involving the expenditure of dollars in the payment of fees for accreditation services, and some dollars may be spent for support services (including materials) and for direct labor. But a larger amount of labor "expenditures" will have been expended internally in any case because, as in the instances of completing a self-study or preparing for a site visit, usually there are no real increases in payroll or associated indirect expenses. Because the required job is done, there has simply been an exchange of one job for another, the latter having been performed if an accreditation activity had not preempted it. This reallocation of resources from one priority to another may be identified as "displaced dollar costs." Displaced costs usually do not add to the real financial burden and they do "purchase" intangibles of value to the institution and the program. These intangibles include the valued self-study, the peer review benefits of the on-site visit, the larger review committee process of evaluation, and related professional services which may include consultation, guidance, and documentary information. It is not regular practice to set dollar values on these intangibles, but their desirability is widely acknowledged and considered to be indispensable to quality education.

On the other hand, there are several real expenses for accreditation agencies: site visits, the review process including meetings, and support activities such as publications and training workshops. To offset real expenses, review committees must have income. Their income consists of real dollars paid to them as fees for services rendered and contributed funds from sponsoring membership organizations. Also there is a large displacement of dollars associated with the use of voluntary labor in site visits, meeting attendance, and so forth, for which review committees do not pay, and for which institutions under program review do not pay. Somebody, however, does pay--either in lost services or in real dollars (or in lost personal time)--often at high income levels.

A brief summary is shown as Display I to identify the kinds of costs and benefits which comprise the economic and benefit framework of the CAHEA accreditation system.

PROCEDURES

THE SURVEY OF COSTS*

In April 1981, CAHEA requested that a special survey of sponsoring institutions be conducted to assure that its deliberations would have benefit of current information on the cost impact on institutions of accreditation procedures.

* The author is not aware of similar cost studies in the accreditation literature.

DISPLAY I

NATURE OF COSTS AND BENEFITS IN THE CAHEA ACCREDITATION PROCESS

	Institutions/Programs	Accreditor Components
C O S T S	Expenses: 1. Actual dollars a) Internally on labor and materials b) Externally on fees, labor and materials 2. Displaced dollars a) Labor and materials normally spent otherwise	Expenses: 1. Actual dollars a) Site-visit team travel reimbursement b) Review process (meetings, etc.) c) Staff d) Related and support functions, e.g., publications e) Facilities and related 2. Displaced dollars a) Non-compensated voluntary services
	Value Received: 1. Self-study and analysis 2. On-site peer review 3. Off-site peer review 4. Related services 5. Student welfare (e.g., credentialing) 6. Recognition (e.g., grants, etc.) 7. Competitive attractiveness	Offsets: 1. Fee monies received 2. Contributed funds from sponsors 3. AMA services 4. Miscellaneous Specific benefit is in the quality of the program graduate who enters the profession. By this means, there is general benefit to the public-at-large.

CAHEA recognized that the study outcomes would depend largely on the accuracy of responses to the survey. CAHEA also wished to be informed of the comparable activity/cost parameters relating to review committee functions.

DAHEA staff designed survey forms for institutions and review committees, together with instructions. A memorandum was directed to the chief executive officer of each of 1,727 institutions sponsoring one or more CAHEA-accredited programs. The memorandum stated the purpose of the survey, its scope, and special data needs for completing "Forms I and II." It also included this statement:

A word of caution: The usefulness of this study to CAHEA and to you will depend on the accuracy and validity of the data collected. Inaccurate estimates of direct costs, as in the labor invested in conducting the self-study and preparing the reports, cannot be detected later.

Form I requested program and institutional information (Exhibit 3). Form II required representative direct salary information together with other data requirements; it was therefore labelled CONFIDENTIAL and was given a unique number code (Exhibit 4). Form III (Exhibit 5) was used to collect comparable activity/expenditure information from review committees.

Of some 550 forms returned, 424 were sufficiently complete to be included in the study: 246 were from hospitals and 178 from colleges and universities. This sample of 424 represents 24 per cent of the 1,727 institutions sponsoring CAHEA-accredited programs.* The sample was examined to account for location (nationally), kind of sponsor (ownership), and size of sponsor (Form I list for education sponsors, and number of beds for hospitals). More than half of the institutions in the sample had 2 or more CAHEA-accredited programs. For those hospitals in the sample, the number of beds ranged from 119 to 1,291 and averaged 546.

As anticipated, obtaining overhead rates that were accurate, or even reasonable for the size and kind of institution reporting, proved to be the central problem. Some executives of smaller community colleges within large systems reported rates of 3 to 5 per cent, or "None; it is applied at headquarters," or "We don't use one." One large university reported an overhead rate well in excess of 100 per cent. In all, however, a range of rates was tabulated with a well defined modal cluster for both academic and hospital sponsors. Means were obtained for each: 44.66 per cent for academic sponsors and 43.41 per cent for hospital sponsors. The combined mean was 44.03 per cent. Due to the evident variation in accounting and bookkeeping practices it was necessary to introduce the overall overhead mean of 44.03 per cent as a constant multiplier in the calculations of labor cost for each institution (an unanticipated but acceptable compromise with respect to the plan for the survey analysis). This single constant for overhead may necessitate appropriate overhead rate adjustment when this report is used for comparative purposes with respect to costs in a particular institution.

Exhibit 4 (Form II, part 3) calls for full time equivalent (FTE) person-months for all self-study work done in each calendar year from 1977 to 1981, the FTE person-months for progress report labor, the representative gross monthly salary for one FTE doing this work, and the applicable general overhead rate. (Overall, progress report labor was recorded in negligible amounts; when it did occur, it was added to the amount for self-study FTE labor.)

*3 + programs: 142; 2 programs: 184; 1 program: 98.

It was gratifying to find that those entering data in Form II demonstrated consistency and reasonableness of estimates, both for FTE effort and representative salaries, as evidenced by high internal agreement across the sample.

The calculation from Form II (Exhibit 4) for each institution for each of the five years reported became:

Col. 1 + Col. 2 x Col. 3 + 44.03% of Col. 3.

Example:

3.5 FTE + 0.3 FTE x \$1912. = \$7266. x 44.03% = \$3199. Finally:

\$7266. + \$3199. = \$10,465. as fully valued labor.

Added to the resulting sum (at the same direct salary rates) was a constant 0.5 FTE to account for preparing for and assisting in the site-visit and miscellaneous costs.

It was hoped that recall information from records and staff sources could yield acceptable information for the years 1977-1979, and that data could be projected for the then remaining half of 1981. This proved not to be the case; for each successive prior year (1979, 1978, and 1977), the number of empty data cells mounted rapidly, and projections for 1981 were sufficiently inconsistent as to reduce the usable sample sharply. Therefore in large part, this report presents an analysis of 1980 data.

Parts 1 and 2 of Form II (Exhibit 4) yielded surprisingly incomplete information for the years 1977-1979, considering the fact that such information is documented within the institution--accreditation actions per year, and agencies and programs involved. Total fees paid per calendar year varied too often from the record and had to be reconstructed by DAHEA staff from the annual fee schedule and the number of accredited programs. There was much confusion also regarding which agencies did the accrediting and a large number of inaccurate references to them were recorded. Hence, it is not possible to report the variety of agencies and frequency of on-site visits per year with confidence. The opposite case held for number of students enrolled per program per year. Here, consistency as well as variation appeared to have come directly from documentary sources. This was fortunate because CAHEA had requested some reporting of per pupil cost estimates.

Part 4 of Form II (Exhibit 4) requested the respondent to "Rate the value of programmatic accreditation to the overall quality of allied health education provided by your institution, in relation to the costs involved." Results were:

5. High	20%
4. Good	50%
3. Fair	20%
2. Marginal	6%
1. Low	4%

The sample mean rating was 3.76.

The remaining discussion presents the principal findings of this survey, for the year 1980.

RESULTS

Display II, Estimated Fiscal Values in the CAHEA Accreditation System, presents calculated costs and cost estimates based on Form II data, extrapolated to the full sponsor population. Review committee expenditures are based on Form III data and AMA sources. Voluntary labor in the CAHEA system is relatively easily estimated from records and established practices.

The total amount of real dollar expenditures is closely approximated at \$3,193,000. This sum is comprised of fees paid by sponsors to review committees which, in turn, expended the major actual cost of accreditation, and of AMA's costs. Review committee costs were partly met by contributions from organizations which sponsor them. The AMA funded the CAHEA and DAHEA budgets.

The estimated value of voluntary professional labor is set at \$1,617,000 for 1980, representing 6,230 equivalent normal work days. Evening and weekend time, much of which was applied, is not included.

A similar equivalent value of \$6,435,000 has been derived from Form II, Part 3 for professional personnel carrying out and documenting the self-study and related activity within sponsor institutions.* This sum also includes the fixed fraction for overhead, clerical support, materials, etc. (0.5 FTE). It was argued earlier that this money does not represent new expenditures but is an estimated value of labor displaced from usual (or other) assignments to the self-study and to the activity associated with the on-site visit. This sum may be translated into representative self-study labor costs in 1980 for those institutions that engaged in self-study work: for academic sponsors, \$18,304, and for hospital sponsors, \$22,343. These estimates should be related to the amount of effort applied to self-study in an institution in that year. Thus, if an institution prepared one full self-study and part of another, the cost estimate represents all of that effort. However, from simple calculations accounting for the number of institutions performing self-study work in 1980 (639), out of the total number of institutions (1,727), and the average duration of accreditation recognition (3 to 4 years), it becomes evident that the majority of self-study effort in 1980 by institutions doing that work represented either single self-studies or an approximate effort-equivalent of a single self-study (even as applied to two or more fractional efforts). Thus, sums cited may well approximate average actuals.

Three additional factors, not within the scope of this survey, affect actual costs significantly: (1) initial versus continuing accreditation where a later self-study takes advantage of an earlier effort; (2) variations in self-study requirements that are a function of differences in review committees and Essentials; and (3) duration of program recognition, with shorter periods calling for more self-study over time. Many other factors affect these costs, such as size of institution, program faculty size and setting, and so forth.

*The reader should appreciate that self-study, including self-analysis, is mandated both by the USDE and by COPA. CAHEA, as a recognized accrediting agency, must enforce this requirement. These activities are frequently considered to be of primary benefit to the institution and the program and of secondary purpose to accreditation, though necessary to it.

DISPLAY II

ESTIMATED FISCAL VALUES IN THE CAHEA
ACCREDITATION SYSTEM: 1980

(Sample size: 424 Institutional sponsors)

INSTITUTIONAL SPONSORS	ACCREDITOR COMPONENTS
Fees paid to Review Committees, \$1,043,000., by 1,727 sponsors on behalf of 3,007 programs (1)	Combined budgets of 17 Review Committees: \$1,250,000. (supplemented by contributions & other minor income). AMA CAHEA-DAHEA contributed value
Estimated equivalent value of self-investment labor by institutions in carrying out self-studies and site visit activities: (2) \$6,435,000. (3) (47,820 person days)	Estimated equivalent value of voluntary professional labor performing on-site reviews, attending Review Committee meetings, and related: \$1,617,000. (6,230 person days)

(1) Extrapolated from the sample but adjusted by fee schedule and number of programs.

(2) Based on a) the number of self-studies submitted in 1980 and b) the estimated cost of such activity as reported for 1980 by the sample of sponsors.

(3) Estimate includes 44.03% overhead rate.

HIGHLIGHTS AND COMMENTS

This survey affords some new light on costs for 1980 within the CAHEA system (see Display III, Estimated Accreditation Cost Parameters for the CAHEA System: 1980) which may find most useful application as suggestions for more specific, limited and controlled study:

- Fees paid by institutions for program accreditation appear to have met, on average, approximately 83 per cent of actual review committee expenses (the range per review committee was wide).
- Similarly, fees paid appeared to have met 36 per cent of accreditor costs when the value of voluntary labor was added to that of actual expenditures.
- Estimated equivalent value costs to institutions for self-study preparation and on-site visit activity appeared to be in the order of 6 times the cost of fees paid.
- Institutions/programs "received" about 3.6 "service value dollars" for each fee dollar paid.
- The cost of fees per pupil (with wide ranging variations by class size) averaged \$13.81.
- Accreditor costs per pupil, including the value of voluntary labor, averaged \$49.88.
 - Accreditor reimbursement per pupil was \$28.47.
 - The value of unreimbursed accreditor labor per pupil was \$21.41.
- The equivalent average cost per pupil for self-study and on-site visit activity, only for those academic sponsors so performing, was \$369.63 and, similarly, for hospital sponsors was \$400.13. (Again, the range was very large, and highly sensitive to class size.)

DISCUSSION

The difficulty of determining, with confidence, the real costs of accreditation must be reemphasized. For various reasons unexplored here, as a rule, costs of program accreditation tend not to be recorded and evaluated individually by institutional sponsors except at levels of aggregation above the program. Lack of knowledge about and application of indirect and overhead rates is a substantial problem. And the forms used in this survey, simple in appearance, required significant efforts to complete for many institutions.* The completed forms also displayed a good deal of inaccurate information about factual accreditation matters.

*Some sponsors telephoned for guidance; others telephoned or corresponded to relate difficulties in responding and often cited these difficulties for not responding.

DISPLAY III

ESTIMATED ACCREDITATION COST PARAMETERS ⁽¹⁾ FOR THE CAHEA SYSTEM: 1980		
F E E B A S I S	● Ave. cost of fees per sponsor	\$604.
	● Ave. cost of fees per program	\$347.
	● Portion of ave. RC costs met by fees (wide range):	83%
	● Portion of ave. RC "costs" when value of voluntary labor is added	36%
	● Ratio of "service value dollars" per each fee dollar	3.6:1
	● Ratio of equivalent value of self study & visit activity to fees	6:1
P E R P U P I L B A S I S	● Average cost of fees per pupil:	\$13.81
	● Actual accreditor costs per pupil:	\$28.47
	● Rate of reimbursement per pupil:	49%
	● Accreditor "costs" per pupil when value of volunteer services is added	\$49.88
	● Reimbursement rate per pupil:	28%
	● Rate of benefit per pupil	72%
	● Self-study ave. cost per pupil for sponsors/programs performing ⁽²⁾	
	● Academic sponsors:	\$369.63
	● Hospital sponsors:	\$400.13

(1) Quantities that represent ranges of statistical approximations.

(2) Wide range; very sensitive to class size.

It should be appreciated that a relatively simple survey, as elected here, cannot possibly probe and present the innumerable variations in cost conventions used by the wide variety of institutions sponsoring CAHEA-accredited programs. Because of this, the summary observations offered above must be viewed as generalized simplifications. In this sense, this survey points up the need for systematic, on-going data collection from a sample of institutions with which agreements permit common costing and reporting techniques.

LIMITATIONS

Numbers cited in this report are extrapolations from a sample of estimations provided by institutions. Values reported must not be cited as precise or definitive. They should serve to stimulate more informed dialogue on the issues raised.

The following discussions present ways in which CAHEA and review committees are achieving cost restraint in accreditation. Included are cost restraint considerations for educational programs and their sponsors.

CAHEA AND COST RESTRAINT

In fulfilling its obligations with respect to fee approval, CAHEA reviews in detail the written petitions from review committees to charge or to increase fees. Review committees are given written policy with supplementary guidance (Exhibit 1) for the preparation of petitions, as well as access to DAHEA staff for consultation. Beyond review and approval, CAHEA also initiates policy or measures intended to impact costs beneficially. It has adopted standard formats which can help simplify Essentials, Guidelines, self-study and on-site reports. It has adopted a procedure whereby review committees may lengthen maximum periods of recognition. It has requested special attention by staff to various aspects of costs--including the present instance. It has emphasized the need to keep self-study documentation to the necessary minimum, and it has encouraged cost restraint innovations by review committees.

REVIEW COMMITTEES AND COST RESTRAINT

These cost restraint measures are in operation by some review committees and under consideration by others.

- Simplified meeting procedures
- Reduced number of meetings.
- Teleconferencing
- Use of 2-person visit teams only, and use of joint surveys
- Confining visits to 2 day, 1½ day, or 1 day, as possible
- Use of team members from nearer distances
- Simplification of Essentials
- Reduction of self-study report documentation requirements

- Conducting reliability and validity studies
- Standardizing procedures
- Combining/reducing Annual Report requirements
- Extending accreditation based on progress reports rather than visits
- Controlling per diem rates
- Finding alternative means of assessing clinical affiliates
- Extending the maximum and the average lengths of accreditation

It should be recognized, as each review committee does, that each of these measures can and does help to restrain cost advancement as inflation spirals, but each may exact some toll in the process of evaluation. (For example, should an accreditation notification lag seem long, the lag may relate to the length of time between review committee meetings.)

INSTITUTIONS AND COST RESTRAINT

It is appropriate that institutional administrators insist that self-study documentation consist of the minimum necessary for quality review, i.e., be responsive solely to the Essentials, as well as meet internal needs for self-analysis.

Even more basic is the need for administrators and program directors to inventory and assess Essentials in order that they may direct written suggestions for simplification and thereby cost-restraint to the appropriate review committee.

Institutions having multiple visits scheduled in a proximate period may request concurrent or joint surveys.

On a different note, in the spirit of mutual understanding, institution administrators may obtain copies of Criteria used by the US Department of Education, and Provisions used by the Council on Postsecondary Accreditation, for the recognition of accreditation agencies. The Criteria and Provisions mandate certain procedures and conditions, such as a self-study, with which agencies such as CAHEA and review committees must demonstrate compliance for recognition. Each has a cost.

CONTINUED MONITORING

Because present survey results are confined to a single year, it seems desirable to obtain the minimum necessary data to monitor costs on an annual basis. To this end, CAHEA's Annual Report for 1981 contained a small section asking for estimated labor and salary information regarding self-study effort so that data may be tabulated and compared from year to year. The technique is on trial and will be retained if fruitful. Response to the 1981 request appears to be good.

Finally, suggestions regarding cost-savings, restraint, and procedural improvements, are welcomed by CAHEA and the review committees.

EXHIBIT 1

FEES FOR ACCREDITATION SERVICES

1. All review committees should be informed of the AMA Office of General Counsel's opinion that incorporation is desirable if the review committee is to have permanent staff, if sizable funds will be flowing through its office, and if significant liability exposure is possible. Persons authorized to expend significant funds should be bonded.
2. Each collaborating organization is responsible for an equitable portion of the financial support of a given review committee, and for the participation of its representatives in the conduct of the affairs of that committee.
3. Fees may be assessed to defray the costs of processing program applications and the costs of site-visit evaluation. In addition, other activities directly related to program accreditation may be funded with accreditation fees: for example, workshops on program self-analysis or orientation of site-visitors to evaluation criteria and processes, the distribution of Self-Analysis guidance, *Essentials* revision activities, and the like.
4. Site-visitors serve without honoraria.
5. Each review committee may decide who shall pay accreditation costs.
6. Programs shall be current in their payment of accreditation fees to maintain their accreditation status. Review committees may recommend Probationary status or Accreditation Withheld/Withdrawn, as appropriate, for programs in serious arrears.
7. Income and expenses of review committees should undergo annual independent audit. A copy of an independent or internal audit shall be shared with the Committee on Allied Health Education and Accreditation (CAHEA) each year.
8. By review and approval of fees proposed or charged, CAHEA will provide reasonable assurance that fees are in accord with justifiable costs of accreditation.
9. Fee practices shall be reviewed annually by CAHEA at its meeting with review committee chairmen.

Adopted by the Committee on Allied Health Education and Accreditation July 1980.

S U P P L E M E N T

SUGGESTED TOPICS - INFORMATION - EXHIBITS

To accompany

PETITIONS TO INITIATE OR TO INCREASE FEES

for Accreditation Services

1. CAHEA, through its staff, should receive letters from review committee chairmen which request approval to charge accreditation fees, to increase the amount of previously approved fees, or to charge new kinds of fees. CAHEA staff may be of assistance during the period of preparing such requests.
2. Written requests should be received at least two months prior to the meeting of CAHEA at which the review committee seeks approval of its request. This timing permits CAHEA staff to obtain any information needed but not supplied with the petition, and to prepare the materials for CAHEA's Agenda Book (one month prior to the meeting).
3. In view of the costs of accreditation, petitions to charge or to increase fees should be thoroughly evaluated and justified by the review committee prior to presentation. Review committee chairmen or their designees are invited to provide oral testimony at CAHEA's meeting.
4. Written petitions should include:
 - a) Rationale for request, including background circumstances/developments
 - b) Statement of proposed fee structure, and the current structure (if any)
 - c) Overall current status of program evaluation activity, including
 - (1) Number evaluated per year
 - (2) Backlog
 - (3) Range and average time to process
 - (4) Projected relative growth/decline in numbers of programs, and reasons therefore, for an appreciable period (3 years?)
 - d) Current fee income per program per year, and current fee "cost per student" per year across the system
 - (1) Projection of these two factors (3 years?) based on proposed new fees
 - e) Review committee costs of operation
 - (1) In recent years and currently
 - (2) Projected one to two years without fee increase
 - (3) Projected (3 years) with fee increase
 - (4) Cash flow forecast without and with fee increase
 - (5) A recent independent or internal audit
(Independent preferred if annual cash flow exceeds \$50,000.)
 - (6) Are personnel who disperse funds bonded?

- f) Plan for implementing new fee charges
 - (1) To whom?
 - (2) Billed when?
 - (3) Communications to program?
 - (4) Related factors
- g) Summary of review committee practices, e.g.:
 - (1) Number of meetings per year, average cost
 - (2) Typical number of attendees
 - (3) Size of visit teams; reimbursement practices
 - (4) Frequency of visits; affiliate visit pattern
 - (5) Pattern of use of each accreditation classification category
 - (6) Sequential pattern of typical evaluation, from initial to completed action
- h) Cost saving factors considered by the review committee:
 - (1) Reduce functions?
 - (2) Recommend accreditation for longer overall average?
 - (3) Reduce number of affiliates per program?
 - (4) Alternative means to standard practice?
 - (5) Simplification of procedures?
 - (6) Reduced number/size of meetings?
 - (7) And related as applicable
- i) Consequences of factors above
- j) Estimated nature of fee (or increased fee) impact upon, and response from, the paying institutions
- k) Conclusions, and Recommendation to CAHEA

Petitions need not follow the typical sequence of this supplement, nor be constrained to the factors and information cited.

Fees for Accreditation Services Charged by Review Committees

Occupation	Review Committee	Application/Survey Fee		Annual Fee
Assistant to the Primary Care Physician Surgeon's Assistant	Joint Review Committee on Educational Programs for Physician's Assistants	\$350		\$350
Cytotechnologist	Cytotechnology Programs Review Committee of the American Society of Cytology			\$300
Diagnostic Medical Sonographer	Joint Review Committee on Education in Diagnostic Medical Sonography	\$500		\$200
Electroencephalographic Technician Electroencephalographic Technologist	Joint Review Committee on Education in Electroencephalographic Technology	\$500		\$250 + \$25 for each affiliate
Emergency Medical Technician—Paramedic	Joint Review Committee on Educational Programs for the Emergency Medical Technician—Paramedic	\$300		\$200
Histologic Technician Medical Laboratory Technician (Certificate) Medical Laboratory Technician (Associate Degree) Medical Technologist	National Accrediting Agency for Clinical Laboratory Sciences	Initial Visit \$300 + Bal Site Visit Costs	(Reevaluation) Site Visit Costs	\$250 + \$25 for each affiliate
Medical Assistant	Curriculum Review Board of the American Association of Medical Assistants	\$500		\$300
Medical Assistant in Pediatrics	Curriculum Review Board of the American Association of Medical Assistants	\$500		\$300
Medical Record Administrator Medical Record Technician	Council on Education of the American Medical Record Association	\$500		\$300
Nuclear Medicine Technologist	Joint Review Committee on Educational Programs in Nuclear Medicine Technology	\$500		\$250 + \$50 for each affiliate
Occupational Therapist	Accreditation Committee of the American Occupational Therapy Association	\$300		\$200
Ophthalmic Medical Assistant	Joint Review Committee on Educational Programs for the Ophthalmic Medical Assistant	\$300		\$200
Perfusionist	Joint Review Committee for Perfusion Education	Actual visit costs		\$250
Physical Therapist	Review Committee for Physical Therapy Education	-no fees-		
Radiation Therapy Technologist Radiographer	Joint Review Committee on Education in Radiologic Technology	\$725 + Site Visit Costs		\$300 + \$50 for each affiliate
Respiratory Therapist Respiratory Therapy Technician	Joint Review Committee for Respiratory Therapy Education	\$500 Initial Visit	(Reevaluation) \$300 + \$25 for each affiliate over one	\$200
Specialist in Blood Bank Technology	Committee on Education of the American Association of Blood Banks			\$75
Surgical Technologist (Operating Room Technician)	Joint Review Committee on Education for the Surgical Technologist	\$300		\$175

EXHIBIT 3

FORM 1.

**** COSTS OF ACCREDITATION ****NO.

INSTITUTION: _____

C.E.O., NAME (TYPED): _____

WHERE
EXECUTIVE
SUMMARY
SHOULD
BE SENT: _____

ZIP _____

1. If 3 or more CAHEA-Accredited Programs, enter total: (1)
2. If 2 CAHEA-Accredited Programs, check this box: ☐ (2)
3. If 1 CAHEA-Accredited Program, check this box: ☐ (3)
4. Enter number of Accredited Allied Health Programs
not accredited by CAHEA: (4)
5. Check box that identifies your institution:
 - Academic Health Center (and/or hospital within).....☐ (5a)
 - University.....☐ (5b)
 - Four-year College.....☐ (5c)
 - Junior/Community College (2 yr.).....☐ (5d)
 - Proprietary School/College.....☐ (5e)
 - Hospital.....☐ (5f)
 - Clinic.....☐ (5g)
 - Military/Government.....☐ (5h)
 - Other: _____ ☐ (5i)
6. Have joint or concurrent on-site evaluations involving
2 or more allied health programs taken place at your
institution? Circle: YES NO (6)
7. If YES, is it your impression that costs were materially
reduced by this procedure? YES NO (7)
8. If NO to 6. (and you sponsor multiple programs), would
you welcome a joint survey when feasible? YES NO (8)

FORM 2.

- C O N F I D E N T I A L -

NO.

INFORMATION TO BE REQUESTED BY THE CHIEF EXECUTIVE
OFFICER AND RETURNED TO THE CEO FOR FINAL REVIEW

E-21

Please photocopy as many duplicate forms as needed. If more than one copy is used, please consolidate final information on one form, with attachment if necessary.

1. Number of program accreditation visits in each of these years for allied health education programs in your institution (whether accredited by CAHEA or another recognized agency):

1977 _____, 1978 _____; 1979 _____; 1980 _____; 1981 _____ (full year)

2. Allied Health Accreditation Agencies and Programs involved (use separate sheet if necessary and staple hereto):

	ACCREDITATION AGENCY(IES)	EDUCATIONAL PROGRAMS	NO. OF YRS. ACCREDITATION GRANTED PER PROGRAM	TOTAL FEES PAID PER CALENDAR YR.	NO. STUDENTS ENROLLED PER PROGRAM/YEAR
1977					
1978					
1979					
1980					
1981					

3. Estimate of total person-months and costs invested in each Self-Study preparation (summative fractions are acceptable, e.g., 3.6 person-months):

	FTE PERSON-MONTHS FOR ALL SELF- STUDY EFFORT WITHIN EACH YEAR	FTE PERSON-MONTHS FOR PROGRESS REPORTS (IF ANY)	REPRESENTATIVE GROSS MONTHLY SALARY FOR ONE FTE PERSON PREPARING	GENERAL INSTITUTION OVERHEAD RATE (%) PER CALENDAR PERIOD
1977				
1978				
1979				
1980				
1981				

4. Rate the value of programmatic accreditation to the overall quality of allied health education provided by your institution, in relation to the costs involved:

1. LOW 2. MARGINAL 3. FAIR 4. GOOD 5. HIGH

YOUR SIGNATURE PLEASE _____

- C O N F I D E N T I A L -

FORM 3.

**** COSTS OF ACCREDITATION ****

NAME OF REVIEW COMMITTEE: _____

1. Review Committee/Staff/Visit Activity Profile

	NO. OF SITE VISITS	ESTIMATE TOTAL FTE PERSON-DAYS FOR ON-SITE VISITORS	ESTIMATE TOTAL FTE PERSON-DAYS FOR SELF-STUDY ANALYSIS	ESTIMATE TOTAL FTE PERSON-DAYS IN REVIEW COMMITTEE MEETINGS	NO. OF ACCREDITATION RECOMMENDATION ACTIONS
1977					
1978					
1979					
1980					
1981*					

*Project for complete year

2. Estimate one average dollar value for the FTE person-day which will be representative of all participating personnel above in 1981: \$ _____

3. Review Committee Costs

	ANNUAL COSTS OF OPERATING THE REVIEW COMMITTEE & STAFF	AVERAGE COST PER SITE VISIT	USUAL NO. IN ON-SITE VISIT TEAM	DURATION OF VISIT INCLUDING TRAVEL TIME	% OF ANNUAL COSTS MET BY ACCREDITATION FEES	% OF ANNUAL COSTS MET BY CONTRIBUTIONS
1977						
1978						
1979						
1980						
1981*						

*Project for complete year

SIGNATURE (CHAIRMAN OR EXECUTIVE STAFF): _____

(TYPE NAME): _____